**SOAP Note**

| **Name:** O.L. | **Date:** 8/20/2022 | **Time:** 9.30 am |
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| | **Age:** 26 y/o | **Sex:** F |

**SUBJECTIVE**

**CC:** "Vaginal discharge, urinary frequency, and heavy menses."

**HPI:** Patient is a 27-year-old Hispanic female, G0P0 that presents to the office with complains of increased vaginal discharge, dyspareunia, urinary frequency and heavier than usual periods, and pain with sexual intercourse. Symptoms started about 3-4 months ago and patient noticed they are getting worse. Patient discloses that LMP was on 8/15/2022. Patient denies weight loss, anorexia, Hx of douching, fever, chills, back pain, Hx of STD's, endometriosis, abdominal surgery.

**Medications:** No.

**PMH:** Denies
**Allergies:** Denies any allergies to food or medication
**Medication Intolerances:** Denies.
**Major traumas:** Denies any trauma
**Hospitalizations:** Denies hospitalizations
**Surgeries**: No surgeries

**Family History**
The patient's mother is 50 years old, alive: No hx disclosed.
The patient's father is 56 years old, alive: No hx disclosed.
The patient's sister is 19 years old, alive: Hx of PMS.
No other family history is available.

**Social History:**
Patient identifies as Hispanic born in Cuba. She currently lives on her own with her fiancé and identifies as heterosexual. Patient works as a health administrator and is currently pursuing her MBA. Patient reports using condoms for protection with her fiancé. Denies history of smoking/recreational drug use and reports having 1-2 alcohol cocktails every now and then on the weekends. Denies recent history of travel.

**OBSTETRIC/GYNECOLOGICAL HISTORY:** Single, sexually active, heterosexual, denies STI's, Menarche: 11 y/o, LMP: 8/15/22 for 3 days, regular cycle. G0T0P0A0L0, Birth Control: Yes/ condom.

**ROS**

| **General** | **Cardiovascular** |
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| Denies weakness, fever or chills. Reports being on weight management program and lifestyle modifications with moderate | Patient denies chest pain and palpitation, edema, no syncope, no orthopnea. |

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| success. | |
| **Skin**<br>Warm and dry, reddish-brown color around the ankles, skin is appropriated color for ethnicity. | **Respiratory**<br>Patient denies cough, dyspnea, wheezing or hemoptysis, no acute distress at this moment. |
| **Eyes**<br>Denies changes in vision, blurred vision, diplopia, tearing, scotomata, and any pain to the eyes. | **Gastrointestinal**<br>Denies any nauseas, emesis, dysphagia, any bowel habit changes, melena, constipation. |
| **Ears**<br>Denies ear pain, hearing loss, ringing in ears, discharge, pearly grey membranes. | **Genitourinary/Gynecological**<br>Reports increased vaginal discharge, dyspareunia, urinary frequency and heavier than usual periods. Symptoms started about 3-4 months ago. Patient denies dysuria, pruritus, burning, vaginal inflammation, back pain or fever. |
| **Nose/Mouth/Throat**<br>Denies difficulty in smelling, sinus problems, nose bleeds or discharge. Denies dysphagia, hoarseness, or throat pain. | **Musculoskeletal**<br>Denies cramps, joint stiffness, arthritis or gout, limitation of movement, denies any muscle or joint pain. |
| **Breast**<br>Denies any pain, rash, discomfort, alteration of nipples, or swelling, nodules, nipple drainage, nipple retraction or axilla. | **Neurological**<br>Denies history of headaches, syncope, seizures, stroke, memory disorder or mood change, any weakness, paralysis, numbness/tingling, tremors or tics, involuntary movements, or coordination problems, any mental disorders or hallucinations. |
| **Heme/Lymph/Endo**<br>Denies easy bruising or bleeding, history of anemia, blood transfusions or reactions. Denies exposure to toxic agents or radiation. Denies heat or cold intolerance, excessive sweating, polydipsia, polyphagia, or polyuria. | **Psychiatric**<br>Denies depression. Denies memory changes, or suicides attempts. Denies suicidal thoughts. |

| **OBJECTIVE** | | |
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| **Weight** 138 lbs<br>**BMI:** 24.44 normal | **Temp** 98 F | **BP** 118/78 mm/Hg |
| **Height** 5’3’’ inch | **Pulse** 81 bpm | **Resp** 18<br>O2 Saturation: 99 % at Room air |
| **General Appearance**<br>Patient is a 27 y/o WHF, appearing staged age; alert and oriented; answers questions appropriately. | | |

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| **Skin**<br>General appearance is normal. Normal temperature, hydrated, no rashes or lesions described. Skin is intact, warm, moist, good turgor. |
| **HEENT**<br>Head normocephalic, atraumatic and without lesions; hair evenly distributed. Throat: Pharynx mildly erythematous, no exudates. EOMs intact. No conjunctival or scleral injection. Ears: Canals patent. Bilateral TMs pearly grey with positive light reflex; landmarks easily visualized. Nose: Nasal mucosa edematous, clear rhinorrhea, moderate airway obstruction. No septal deviation. Neck: Supple. Full ROM; no cervical lymphadenopathy; no occipital nodes. No thyromegaly or nodules. Oral mucosa pink and moist. |
| **Cardiovascular**<br>No murmur, no rubs or gallop upon auscultation.<br>Capillary refill 2 seconds.Regular rhythm and rate with S1, S2 normal, no S3 or S4<br>No edema. |
| **Respiratory**<br>Symmetric chest wall. Lungs: bilateral mildly, lungs clear upon auscultation, no rales, and no wheezes. Breath sounds equal, no rubs. No respiratory distress noted at this time. |
| **Gastrointestinal**<br>Generalized lower abdominal tenderness and guarding noted. No costovertebral angle tenderness and no flank pain. Normal bowel sounds present in all four quadrants. |
| **Breast**<br>The breast tissue, nipples, and areas around the breast with normal appearance. Shape and size are normal. Bilateral breast with no nipple pain, tenderness or discharge, no palpable masses or lymph nodes. |
| **Genitourinary**<br>**Genitalia:**<br>Normally developed female genitalia. No perianal abnormalities are seen. No genital lesion or urethral discharges. On physical examination, profuse and purulent vaginal discharge and acute cervical motion noted. Normal external genitalia, no lesions. Rectum is appropriate and there is no evidence of hemorrhoids, bleeding or masses. |
| **Musculoskeletal**<br>Steady gait, no limping or musculoskeletal deformities, or muscular atrophy. Thoracic and lumbar spine, normal. Full ROM in all 4 extremities, no joint stiffness. |
| **Neurological**<br>Speech clear. Good tone. Posture erect. Balance stable; normal gait.<br>Reflexes 2+ bilaterally throughout. |
| **Psychiatric**<br>Good judgment. Alert and oriented. Dressed neatly and appropriately for the occasion. Maintains eye contact. Speech is clear and of normal rate and cadence; answers |

questions appropriately.

**Lab /Tests/Screening/Intervention/Assessment:**

Gonococcal culture and Chlamydia smear, and transvaginal ultrasound (ordered).
Presence of abundant numbers of white blood cells (WBCs) on saline microscopy of vaginal secretions.
Elevated erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP).

**Special Tests**

Not performed.

**Diagnosis**

- **Main Diagnosis**. **Pelvic Inflammatory Disease (N73. 9)** – presents with pain around the pelvis and lower tummy, discomfort and pain during sex felt inside the pelvis, pain with urination, bleeding after sex, heaving unusual vaginal discharge that can be smelly, and heavy menses (Hawkins et al., 2019). Positive findings in this patient are heavy periods for the past 4 months, heavy and unusual vaginal discharge, pelvic pain, pain with sexual intercourse. On physical exam, profuse and purulent vaginal discharge and acute cervical motion noted are noted.

**Differentials**

- **Ectopic pregnancy** – occurs when the fetus becomes placed outside the uterus. Presence with severe acute pain syndrome, possibility of bleeding, fever (Hawkins et al., 2019). It is a potentially deadly condition that must not be missed. Was ruled out because of negative pregnancy test.
- **Ovarian torsion** – occurs when torsion of an ovary is taking place resulting in substantial necrosis of tissues if not addressed timely. It presents with extreme pelvic pain 10 out 10, fever, bleeding, vomiting, nausea (Hawkins et al., 2019). If not addressed timely, it is a potentially life-threatening condition and must not be missed. Ruled out because of the results of the physical exam.
- **Endometriosis** – occurs when tissues from the uterus appear to grow in irrelevant organs such as ovaries (Hawkins et al., 2019). Presents with severe pelvic pain, painful periods, painful intercourse, painful urination and defecation. The condition was ruled out because of no noticed cysts on ovaries on physical exam.

**Plan/Therapeutics& Education:**

**Pharmacologic treatment:**

1. Ceftriaxone 250 mg IM single dose.
2. Doxycycline 100 mg PO twice daily for 14 days.
3. Close F/U is essential. Patients receiving outpatient therapy should be evaluated for clinical improvement within 72 hours. Those who have not improved warrant hospitalization, parenteral therapy, and further workup (Hawkins et al., 2019).

**Teaching/Education:**

1. Patient was counseled on the importance of medication adherence, refraining from sexual activity until treatment completion and symptom resolution, safe sex practices, and screening and prevention of other STIs. Male sexual contacts within the 60 days prior to the patient's onset of symptoms should be examined and/or treated to decrease the risk of reinfection (Curry et al., 2019).

**Non-medication treatments**:
Propper nutrition, stress management, yoga, relaxation techniques.
Follow up – in 72 hours to examine patient progress with treatment.

**Evaluation of patient encounter:**
Interview process went well, practitioner elaborated the plan of care with patient, and education was provided and verbalized understanding. I participated in patient physical examination and treatment plan development. I was very much concerned about this patient because of the high risks of ectopic pregnancy and ovarian torsion, which are potentially life-threatening conditions (Curry et al., 2019).

## Reference

Curry, A., Williams, T., & Penny, M. L. (2019). Pelvic inflammatory disease: Diagnosis, management, and prevention. *American Family Physician*, *100*(6), 357-364. https://doi.org/10.1016/j.ajog.2020.10.019

Hawkins, J.W., Roberto-Nichols, D.M., & Stanley-Haney, J.L. (2019). *Guidelines for nurse practitioners in gynecologic settings* (11th ed.). Springer Publishing Co.